

CASE NAME: Remarkable Healthcaer of Dallas, LP

CASE NUMBER: 18-40296

UNITED STATES BANKRUPTCY COURT

NORTHERN AND EASTERN DISTRICTS

DALLAS AND TYLER DIVISIONS

FOR POST CONFIRMATION USE

QUARTERLY OPERATING REPORT

AND

QUARTERLY BANK RECONCILEMENT

In accordance with Title 28, Section 1746, of the United States Code, I declare under penalty of perjury that I have examined the attached Post Confirmation Quarterly Operating Report, and the Post Confirmation Quarterly Bank Reconcilement and, to the best of my knowledge, these documents are true, correct and complete. Declaration of the preparer (other than responsible party), is based on all information of which preparer has any knowledge.

RESPONSIBLE PARTY:

Original Signature of Responsible Party



Laurie Beth McPike

Printed Name of Responsible Party

Laurie Beth McPike

Title

President and CEO

Date

04.15.20

PREPARER:

Original Signature of Preparer



Diane Ayoubi

Printed Name of Preparer

Diane Ayoubi

Title

VP of Operations

Date

04.15.20

**POST CONFIRMATION  
QUARTERLY OPERATING REPORT**

CASE NAME: Remarkable Healthcaer of Dallas, LP

CASE NUMBER: 18-40296

**QUARTER ENDING:**

#### 1 BEGINNING OF QUARTER CASH BALANCE:

#### (I). Transfers B/W Accounts

#### CASH RECEIPTS:

**CASH RECEIPTS DURING CURRENT QUARTER:**

(a). Cash receipts from business operations

(b). Cash receipts from loan proceeds

(c). Cash receipts from contributed capital

(d) Cash receipts from tax refunds

(e) Cash receipts from other

#### **REFERENCES**

## CASH DISBURSEMENTS:

#### (A). PAYMENTS

#### (I). Administrative

#### (2). Secured Creditors

### (3). Priority Creditors

#### (4). Unsecured Creditors

#### (5). Additional Plan Payments

(B). OTHER PAYMENT

## (1). General Business

### 3. TOTAL DISBURSEMENTS THIS QUARTER

#### 4 CASH BALANCE END OF QUARTER

	\$5,389.55
+	-\$981,456.11
+	\$1,316,236.30
+	\$0.00
+	\$0.00
+	\$0.00
+	\$0.00
=	\$1,316,236.30
+	\$0.00
+	\$0.00
+	\$0.00
+	\$0.00
+	\$0.00
+	\$294,943.12
+	\$5,408.83
	\$300,351.95
=	\$39,817.79

POST CONFIRMATION  
QUARTERLY BANK RECONCILEMENT

CASE NAME: Remarkable Healthcaer of Dallas, LP

CASE NUMBER: 18-40296

The reorganized debtor must complete the reconciliation below for each bank account, including all general, payroll and tax accounts, as well as all savings and investment accounts, money market accounts, certificates of deposits, governmental obligations, etc. Accounts with restricted funds should be identified by placing an asterisk next to the account number.

Attach additional sheets for each bank reconciliation if necessary.

QUARTER ENDING:

Bank Reconciliations	Account #1	Account #2	Account #3	Account #4	TOTAL
A. Bank	Regions	Regions	Regions		
B. Account Number	* 6153	6005	5805		
C. Purpose (Type)	Disbursement	Commercial Receivables	Govt Receivables		
1 Balance Per Bank Statement	\$15,348.78	\$23,969.01	\$500.00		\$39,817.79
2 Add: Total Deposits Not Credited	\$0.00	\$0.00	\$0.00	+ \$0.00	
3 Subtract: Outstanding Checks	\$0.00	\$0.00	\$0.00		\$0.00
4 Other Reconciling Items	\$0.00	\$0.00	\$0.00		\$0.00
5 Month End Balance Per Books	\$15,348.78	\$23,969.01	\$500.00	=	\$39,817.79
6 Number of Last Check Written	6210	N/A	N/A		
7 Cash: Currency on Hand	\$0.00	\$0.00	\$0.00	+ \$0.00	
8 Total Cash - End Of Month	\$15,348.78	\$23,969.01	\$500.00	=	\$39,817.79

CASH IN: INVESTMENT ACCOUNTS					
	Date of Purchase	Type of Instrument			Value
9 Bank, Account Name & Number	N/A	N/A			+ \$0.00
10 N/A	N/A	N/A			+ \$0.00
11 N/A	N/A	N/A			+ \$0.00
12 N/A	N/A	N/A			+ \$0.00
13 Total Cash Investments	N/A	N/A			= \$0.00
14 TOTAL CASH	LINE 8 - PLUS LINE 13 = LINE 14 ****				\$39,817.79
					****

\*\*\*\* Must tie to Line 4, Quarterly Operating Report

CASE NAME: Remarkable Healthcare of Fort Worth, LP

CASE NUMBER: 18-40297

UNITED STATES BANKRUPTCY COURT

NORTHERN AND EASTERN DISTRICTS

DALLAS AND TYLER DIVISIONS

FOR POST CONFIRMATION USE

QUARTERLY OPERATING REPORT

AND

QUARTERLY BANK RECONCILEMENT

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RESPONSIBLE PARTY:

Original Signature of Responsible Party



Printed Name of Responsible Party

Laune Beth McPike

Title

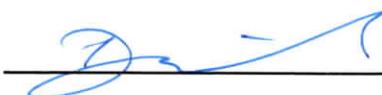
President and CEO

Date

04.15.20

PREPARER:

Original Signature of Preparer



Printed Name of Preparer

Diane Ayoubi

Title

VP of Operations

Date

04.15.20

POST CONFIRMATION  
QUARTERLY OPERATING REPORT

CASE NAME: Remarkable Healthcare of Fort Worth, LP

CASE NUMBER: 18-40297

QUARTER ENDING:

1 BEGINNING OF QUARTER CASH BALANCE:

(I). Transfers

	\$46,306.70
+	\$2,209,297.94

CASH RECEIPTS:

CASH RECEIPTS DURING CURRENT QUARTER:

- (a). Cash receipts from business operations
- (b). Cash receipts from loan proceeds
- (c). Cash receipts from contributed capital
- (d). Cash receipts from tax refunds
- (e). Cash receipts from other sources

+	\$1,299,264.31
+	\$0.00
+	\$0.00
+	\$0.00
+	\$0.00
=	\$1,299,264.31

2 TOTAL CASH RECEIPTS

CASH DISBURSEMENTS:

(A). PAYMENTS MADE UNDER THE PLAN:

- (I). Administrative
- (2). Secured Creditors
- (3). Priority Creditors
- (4). Unsecured Creditors
- (5). Additional Plan Payments

+	\$0.00
+	\$0.00
+	\$0.00
+	\$0.00
+	\$0.00

(B). OTHER PAYMENTS MADE THIS QUARTER:

- (1). General Business
- (2). Other Disbursements

+	\$3,404,393.83
+	\$10,030.74

3 TOTAL DISBURSEMENTS THIS QUARTER

\$3,414,424.57

4 CASH BALANCE END OF QUARTER

= \$140,444.38

POST CONFIRMATION  
QUARTERLY BANK RECONCILEMENT

CASE NAME: Remarkable Healthcare of Fort Worth, LP

CASE NUMBER: 18-40297

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Attach additional sheets for each bank reconciliation if necessary.

QUARTER ENDING:

Bank Reconciliations	Account #1	Account #2	Account #3	Account #4	TOTAL
A. Bank	Regions	Regions	Regions		
B. Account Number	6188	2406	2384		
C. Purpose (Type)	Disbursements	Comm Receiv	GOVT Receivables		
1 Balance Per Bank Statement	\$121,492.17	\$18,452.21	\$500.00		#####
2 Add: Total Deposits Not Credited	\$0.00	\$0.00	\$0.00	+ \$0.00	
3 Subtract: Outstanding Checks	\$0.00	\$0.00	\$0.00		\$0.00
4 Other Reconciling Items	\$0.00	\$0.00	\$0.00		\$0.00
5 Month End Balance Per Books	\$121,492.17	\$18,452.21	\$500.00	= #####	
6 Number of Last Check Written	8260	N/A	N/A		
7 Cash: Currency on Hand	\$0.00	\$0.00	\$0.00	+ \$0.00	
8 Total Cash - End Of Month	\$121,492.17	\$18,452.21	\$500.00	= #####	

CASH IN: INVESTMENT ACCOUNTS					
		Date of Purchase	Type of Instrument		Value
9	Bank, Account Name & Number	N/A	N/A		+
10	N/A	N/A	N/A		+
11	N/A	N/A	N/A		+
12	N/A	N/A	N/A		+
13	Total Cash Investments				= \$0.00
14	TOTAL CASH	LINE 8 - PLUS LINE 13 = LINE 14 ****			#####
					****

\*\*\*\* Must tie to Line 4, Quarterly Operating Report

CASE NAME: Remarkable Healthcare of LLC

CASE NUMBER: 18-40300

UNITED STATES BANKRUPTCY COURT

NORTHERN AND EASTERN DISTRICTS

DALLAS AND TYLER DIVISIONS

FOR POST CONFIRMATION USE

QUARTERLY OPERATING REPORT

AND

QUARTERLY BANK RECONCILEMENT

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RESPONSIBLE PARTY:

Original Signature of Responsible Party



Laurie Beth McPike

Printed Name of Responsible Party

Title

President and CEO

Date

04.15.20

PREPARER:

Original Signature of Preparer



Diane Ayoubi

Printed Name of Preparer

Title

VP of Operations

Date

04.15.20

**POST CONFIRMATION  
QUARTERLY OPERATING REPORT**

CASE NAME: Remarkable Healthcare of LLC

CASE NUMBER: 18-40300

**QUARTER ENDING:**

1 BEGINNING OF QUARTER CASH BALANCE:	\$3,943.76
(I). Transfers (Intercompany)	+ \$139,550.00
 CASH RECEIPTS:	
CASH RECEIPTS DURING CURRENT QUARTER:	
(a). Cash receipts from business operations	+ \$0.00
(b). Cash receipts from loan proceeds	+ \$0.00
(c). Cash receipts from contributed capital	+ \$0.00
(d). Cash receipts from tax refunds	+ \$0.00
(e). Cash receipts from other sources	+ \$0.00
<b>2 TOTAL CASH RECEIPTS</b>	= <b>\$143,493.76</b>
 CASH DISBURSEMENTS:	
(A). PAYMENTS MADE UNDER THE PLAN:	
(1). Administrative	+ \$0.00
(2). Secured Creditors	+ \$0.00
(3). Priority Creditors	+ \$0.00
(4). Unsecured Creditors	+ \$0.00
(5). Additional Plan Payments	+ \$0.00
(B). OTHER PAYMENTS MADE THIS QUARTER:	
(1). General Business	+ \$134,898.70
(2). Other Disbursements - Bank Fees	+ \$2,543.71
<b>3 TOTAL DISBURSEMENTS THIS QUARTER</b>	<b>\$137,442.41</b>
<b>4 CASH BALANCE END OF QUARTER</b>	<b>= \$6,051.35</b>

POST CONFIRMATION  
QUARTERLY BANK RECONCILEMENT

CASE NAME: Remarkable Healthcare of LLC

CASE NUMBER: 18-40300

The reorganized debtor must complete the reconciliation below for each bank account, including all general, payroll and tax accounts, as well as all savings and investment accounts, money market accounts, certificates of deposits, governmental obligations, etc. Accounts with restricted funds should be identified by placing an asterisk next to the account number.

Attach additional sheets for each bank reconciliation if necessary.

QUARTER ENDING:

Bank Reconciliations	Account #1	Account #2	Account #3	Account #4	TOTAL
A. Bank	Regions				
B. Account Number	6533				
C. Purpose (Type)	Disbursements				
1 Balance Per Bank Statement	\$6,051.35				\$6,051.35
2 Add: Total Deposits Not Credited	\$0.00				+ \$0.00
3 Subtract: Outstanding Checks	\$0.00				\$0.00
4 Other Reconciling Items	\$0.00				\$0.00
5 Month End Balance Per Books	\$6,051.35				= \$6,051.35
6 Number of Last Check Written	300				
7 Cash: Currency on Hand	\$0.00				+ \$0.00
8 Total Cash - End Of Month	\$6,051.35				= \$6,051.35

CASH IN: INVESTMENT ACCOUNTS		Date of Purchase	Type of Instrument		Value
9	Bank, Account Name & Number	N/A	N/A		+
10	N/A	N/A	N/A		+
11	N/A	N/A	N/A		+
12	N/A	N/A	N/A		+
13	Total Cash Investments				= \$0.00
14	TOTAL CASH	LINE 8 - PLUS LINE 13 = LINE 14 ****			\$6,051.35
					****

\*\*\*\* Must tie to Line 4, Quarterly Operating Report

CASE NAME: Remarkable Healthcare of Carrollton, LP

CASE NUMBER: 18-40295

UNITED STATES BANKRUPTCY COURT

NORTHERN AND EASTERN DISTRICTS

DALLAS AND TYLER DIVISIONS

FOR POST CONFIRMATION USE

QUARTERLY OPERATING REPORT

AND

QUARTERLY BANK RECONCILEMENT

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RESPONSIBLE PARTY:

Original Signature of Responsible Party



Laurie Beth McPike

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Title

President and CEO

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PREPARER:

Original Signature of Preparer



Diane Ayoubi

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Title

VP of Operations

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POST CONFIRMATION  
QUARTERLY OPERATING REPORT

CASE NAME: Remarkable Healthcare of Carrollton, LP

CASE NUMBER: 18-40295

QUARTER ENDING:

1 BEGINNING OF QUARTER CASH BALANCE:

(I). Transfers (intercompany)	+ \$14,535.10
	- \$892,221.81

CASH RECEIPTS:

CASH RECEIPTS DURING CURRENT QUARTER:

(a). Cash receipts from business operations	+ \$1,288,380.23
(b). Cash receipts from loan proceeds	+ \$0.00
(c). Cash receipts from contributed capital	+ \$0.00
(d). Cash receipts from tax refunds	+ \$0.00
(e). Cash receipts from other sources	+ \$0.00
<b>2 TOTAL CASH RECEIPTS</b>	= \$410,693.52

CASH DISBURSEMENTS:

(A). PAYMENTS MADE UNDER THE PLAN:

(1). Administrative	+ \$0.00
(2). Secured Creditors	+ \$0.00
(3). Priority Creditors	+ \$0.00
(4). Unsecured Creditors	+ \$0.00
(5). Additional Plan Payments	+ \$0.00
<b>(B). OTHER PAYMENTS MADE THIS QUARTER:</b>	
(1). General Business	+ \$355,641.24
(2). Other Disbursements	+ \$6,509.96

**3 TOTAL DISBURSEMENTS THIS QUARTER**

<b>4 CASH BALANCE END OF QUARTER</b>	= \$362,151.20
	= \$48,542.32

POST CONFIRMATION  
QUARTERLY BANK RECONCILEMENT

CASE NAME: Remarkable Healthcare of Carrollton, LP

CASE NUMBER: 18-40295

The reorganized debtor must complete the reconciliation below for each bank account, including all general, payroll and tax accounts, as well as all savings and investment accounts, money market accounts, certificates of deposits, governmental obligations, etc. Accounts with restricted funds should be identified by placing an asterisk next to the account number.

Attach additional sheets for each bank reconciliation if necessary.

QUARTER ENDING:

Bank Reconciliations	Account #1	Account #2	Account #3	Account #4	TOTAL
A. Bank	Regions	Regions	Regions		
B. Account Number	* 6161	5998	8009		
C. Purpose (Type)	PWD Disbursements	Comm Receivables	GOVT Receivables		
1 Balance Per Bank Statement	\$27,428.83	\$20,613.49	\$500.00		\$48,542.32
2 Add: Total Deposits Not Credited	0	\$0.00	\$0.00	+ \$0.00	
3 Subtract Outstanding Checks	\$0.00	\$0.00	\$0.00		\$0.00
4 Other Reconciling Items	\$0.00	\$0.00	\$0.00		\$0.00
5 Month End Balance Per Books	\$27,428.83	\$20,613.49	\$500.00	=	\$48,542.32
6 Number of Last Check Written	5218	N/A	N/A		
7 Cash: Currency on Hand	\$0.00	\$0.00	\$0.00	+ \$0.00	
8 Total Cash - End Of Month	\$27,428.83	\$20,613.49	\$500.00	=	\$48,542.32

CASH IN: INVESTMENT ACCOUNTS					
		Date of Purchase	Type of Instrument		Value
9	Bank, Account Name & Number				
9	N/A	N/A	N/A		+ \$0.00
10	N/A	N/A	N/A		+ \$0.00
11	N/A	N/A	N/A		+ \$0.00
12	N/A	N/A	N/A		+ \$0.00
13	Total Cash Investments				= \$0.00
14	TOTAL CASH	LINE 8 - PLUS LINE 13 = LINE 14 ****			\$48,542.32
					****

\*\*\*\* Must tie to Line 4, Quarterly Operating Report

CASE NAME: Remarkable Healthcare of Seguin, LP

CASE NUMBER: 18-40298

UNITED STATES BANKRUPTCY COURT

NORTHERN AND EASTERN DISTRICTS

DALLAS AND TYLER DIVISIONS

FOR POST CONFIRMATION USE

QUARTERLY OPERATING REPORT

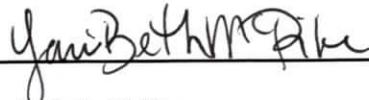
AND

QUARTERLY BANK RECONCILEMENT

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RESPONSIBLE PARTY:

Original Signature of Responsible Party



Laurie Beth McPike

Printed Name of Responsible Party

Title

President and CEO

Date

04.15.20

PREPARER:

Original Signature of Preparer



Diane Ayoubi

Printed Name of Preparer

Title

VP of Operations

Date

04.15.20

**POST CONFIRMATION  
QUARTERLY OPERATING REPORT**

CASE NAME: Remarkable Healthcare of Seguin, LP

CASE NUMBER: 18-40298

**QUARTER ENDING:**

#### 1 BEGINNING OF QUARTER CASH BALANCE:

#### (I). Transfers (Intercompany)

## CASH RECEIPTS:

**CASH RECEIPTS DURING CURRENT QUARTER:**

- (a). Cash receipts from business operations
- (b). Cash receipts from loan proceeds
- (c). Cash receipts from contributed capital
- (d). Cash receipts from tax refunds
- (e). Cash receipts from other sources

## 2 TOTAL CASH RECEIPTS

#### CASH DISBURSEMENTS:

(A). PAYMENTS MADE UNDER THE PLAN:

#### (I). Administrative

#### (2). Secured Creditors

### (3). Priority Creditors

#### (4). Unsecured Creditors

#### (5). Additional Plan Payments

(B). OTHER PAYMEN

## (1). General Business

#### (2). Other Disbursements

	\$11,358.46
+	-\$1,053,334.32
+	\$1,405,413.53
+	
+	
+	
+	
=	\$363,437.67
+	\$0.00
+	\$0.00
+	\$0.00
+	\$0.00
+	\$0.00
+	\$319,260.23
+	\$5,492.00
	\$324,752.23
=	\$38,685.44

POST CONFIRMATION  
QUARTERLY BANK RECONCILEMENT

CASE NAME: Remarkable Healthcare of Seguin, LP

CASE NUMBER: 18-40298

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Attach additional sheets for each bank reconciliation if necessary.

QUARTER ENDING:

Bank Reconciliations	Account #1	Account #2	Account #3	Account #4	TOTAL
A. Bank	Regions	Regions	Regions		
B. Account Number	6196	4869	7297		
C. Purpose (Type)	Disbursements	Commerical Receivables	Govt Receivables		
1 Balance Per Bank Statement	\$15,197.79	\$22,987.65	\$500.00		\$38,685.44
2 Add: Total Deposits Not Credited	\$0.00	\$0.00	\$0.00	+ \$0.00	\$0.00
3 Subtract: Outstanding Checks	\$0.00	\$0.00	\$0.00		\$0.00
4 Other Reconciling Items	\$0.00	\$0.00	\$0.00		\$0.00
5 Month End Balance Per Books	\$15,197.79	\$22,987.65	\$500.00	= \$38,685.44	
6 Number of Last Check Written	7223	N/A	N/A		
7 Cash: Currency on Hand	\$0.00	\$0.00	\$0.00	+ \$0.00	\$0.00
8 Total Cash - End Of Month	\$15,197.79	\$22,987.65	\$500.00	= \$38,685.44	

CASH IN: INVESTMENT ACCOUNTS					
	Bank, Account Name & Number	Date of Purchase	Type of Instrument		Value
9	N/A	N/A	N/A		+ \$0.00
10	N/A	N/A	N/A		+ \$0.00
11	N/A	N/A	N/A		+ \$0.00
12	N/A	N/A	N/A		+ \$0.00
13	Total Cash Investments				= \$0.00
14	TOTAL CASH	LINE 8 - PLUS LINE 13 = LINE 14 ****			\$38,685.44
					****

\*\*\*\* Must tie to Line 4, Quarterly Operating Report